



U.S. Department of Justice

Office of the United States Trustee
Southern District of New York

33 Whitehall Street
21st Floor
New York, New York 10004

(212) 510-0500
Fax: (212) 668-2255

December 19, 2006

**TO THE HOLDERS OF UNSECURED CLAIMS IN THE CHAPTER 11 CASE OF:
NEW YORK WESTCHESTER SQUARE MEDICAL CENTER, Case No. 06-13050 (SMB)**

You have been listed as a creditor in the New York Westchester Square Medical Center bankruptcy case. Please be advised that the Office of the United States Trustee for Region 2 (the "United States Trustee") will hold an organizational meeting for unsecured creditors in the above-referenced bankruptcy case on **Wednesday, January 3, 2007 at 10:00 a.m. E.S.T.** at the following location:

Office of the United States Trustee
80 Broad Street, Second Floor
New York, NY 10004-1408
Tel: (212) 510-0500; Fax: (212) 668-2255

The sole purpose of the meeting is to form an official committee or committees of unsecured creditors in this case. Although this is not a meeting of creditors held under section 341 of the Bankruptcy Code, a representative of the Debtor will attend to provide information regarding the status of the case. If you do not wish to serve on an official creditors committee, your presence at the meeting is not required.

If you wish to be considered for membership on any committee that is appointed, please complete the "Creditors' Committee Acceptance Form", which must be received by the Office of the United States Trustee no later than 12:00 p.m., E.S.T., on Tuesday, January 2, 2007.¹

Very truly yours,
DIANA G. ADAMS,
ACTING UNITED STATES TRUSTEE

/s/ Greg M. Zipes
Greg Zipes
Trial Attorney

cc: Enclosure (acceptance form)

¹ The United States Trustee reserves the right to take appropriate action, including removing a creditor from any committee, if the information provided in the Creditors' Committee Acceptance Form is inaccurate.

**OFFICE OF THE UNITED STATES TRUSTEE
FOR THE SOUTHERN DISTRICT OF NEW YORK
33 Whitehall Street, 21st Floor, New York, New York 10004
Tel. No. (212) 510-0500; Fax No. (212) 668-2255**

CREDITORS' COMMITTEE ACCEPTANCE FORM

***IN RE NEW YORK WESTCHESTER SQUARE MEDICAL CENTER,
Bankruptcy Case No. 06-13050 (SMB)***

RESPONSE DATE: JANUARY 2, 2007 AT NOON, EASTERN STANDARD TIME

PLEASE TYPE OR PRINT NEATLY AND CLEARLY:

The undersigned creditor is willing to serve on the Committee of Unsecured Creditors of the Debtor:

_____ YES _____ NO

A. UNSECURED CREDITOR'S NAME, MAIL ADDRESS, TELEPHONE AND FAX NUMBERS, and REPRESENTATIVE'S E-MAIL:

Name:	_____	Phone:	_____
Address:	_____	Fax:	_____
	_____	E-Mail:	_____

B. NAME OF COUNSEL (if any) FOR CREDITOR, MAIL ADDRESS, TELEPHONE AND FAX NUMBERS, and E-MAIL:

Name:	_____	Phone:	_____
Address:	_____	Fax:	_____
	_____	E-Mail:	_____

C. IF YOU ARE REPRESENTED BY COUNSEL, DOES YOUR ATTORNEY REPRESENT ANY OTHER PARTIES IN THIS BANKRUPTCY CASE?
Please check one of the following: _____ YES. _____ NO. _____ I DO NOT KNOW.

D. PLEASE INDICATE WHETHER YOU HAVE GIVEN A PROXY TO YOUR ATTORNEY IN CONNECTION WITH YOUR CLAIM. _____ YES. _____ NO. (If you have given a proxy to your attorney, please provide a photocopy of the proxy to the United States Trustee along with this creditor committee acceptance form on or before the deadline.)

F. AMOUNT OF UNSECURED CLAIM: \$ _____.

G. TYPE OF CLAIM (i.e. Malpractice (describe nature of injury), Trade, Bank, Institutional, et al.):

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- H. DO YOU HOLD A CLAIM ARISING OUT OF YOUR ROLE AS AN OFFICER, DIRECTOR, EMPLOYEE OR PERSON IN CONTROL OF NEW YORK WESTCHESTER SQUARE MEDICAL CENTER? ☐ YES. ☐ NO. IF YOUR ANSWER IS YES, PLEASE INDICATE THE POSITION: _____
- I. ARE YOU AN OFFICER, DIRECTOR, EMPLOYEE OR PERSON IN CONTROL OF NEW YORK WESTCHESTER SQUARE MEDICAL CENTER, OR RELATED TO AN OFFICER, DIRECTOR OR PERSON IN CONTROL? ☐ YES. ☐ NO. IF YOUR ANSWER IS YES, PLEASE DESCRIBE THE RELATIONSHIP: _____
- J. ARE YOU THE HOLDER OF A SECURED CLAIM AGAINST NEW YORK WESTCHESTER SQUARE MEDICAL CENTER? ☐ YES. ☐ NO. IF YES, STATE THE AMOUNT OF YOUR SECURED CLAIM. _____
- L. ARE YOU OR AN ENTITY WITH WHICH YOU ARE AFFILIATED A SHAREHOLDER OF NEW YORK WESTCHESTER SQUARE MEDICAL CENTER, OR RELATED TO A SHAREHOLDER OF NEW YORK WESTCHESTER SQUARE MEDICAL CENTER? ☐ YES. ☐ NO. IF YES, STATE THE NUMBER OF SHARES? _____
-

DATE: _____ SIGNATURE: _____

NAME (in print): _____

TITLE: (in print): _____

- KINDLY ANSWER ALL QUESTIONS SO THAT THIS FORM CAN BE PROCESSED PROPERLY WITHOUT DELAY. YOU MAY ATTACH A WRITTEN STATEMENT EXPLAINING ANY OF YOUR RESPONSES ABOVE.
- PLEASE RETURN TO THE UNITED STATES TRUSTEE BY FAX
ATTN: GREG M. ZIPES, TRIAL ATTORNEY, BY 12:00 P.M. (NOON, NEW YORK TIME) ON TUESDAY, JANUARY 2, 2007.
- THIS IS NOT A PROOF OF CLAIM FORM. PROOFS OF CLAIM ARE FILED WITH THE CLERK OF THE BANKRUPTCY COURT, NOT WITH THE UNITED STATES TRUSTEE.